STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011021	A. BUILDING: **01** B. WING _____	**05/06/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEICESTER HEIGHTS FAMILY CARE	**16 OVERLOOK DRIVE LEICESTER, NC 28748**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland on 05/06/2015: Based on Information obtained from the DHSR database, this facility was first submitted on 11/17/1986 as a Family Care Home. This facility is licensed for a capacity of six (6) ambulatory residents (able to evacuate without physical or verbal assistance during an emergency). Based on this information, this facility is required to meet the 1984 " rules for family care homes minimum, desired standards regulations " , the applicable portions of the 2005 " regulations for family care homes " ., and the 1978 Edition of the North Carolina State Building Code Section 409.1(G). Residential Care Facility. There were deficiencies cited at the time of this survey and a Plan of Correction is required.	C 000		
C 110	Construction-Basement, Attic SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (g) The basement and the attic shall not to be used for storage or sleeping. This Rule is not met as evidenced by: 1-Based on observation, the facility has not kept the Basement free of debris. This condition presents a hazard to all residents and staff. Findings on 05/06/2015 The Basement is full of combustible stored items.	C 110		
C 133	Bathroom-Must Provide Privacy	C 133		

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C 133	Continued From page 1 SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (b) The bathrooms shall be designed to provide privacy. A bathroom with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the privacy of the Bathroom(s). This could effect all residents. Findings on 05/06/2015 The Bathroom located outside Room #1 has an open transom above the entry door that does not privacy while the facilities is in use. 2-Based on observation, the facility has not maintained the mechanical ventilation in the Bathrooms in a safe manner. This will effect all residents and staff during use of the facilities. Findings on 05/06/2015 The mechanical ventilation is not operational for the interior bathroom located in Bedroom # 3. 3-Based on observation, the facility has not maintained the hand grips. This will effect all residents when using the bathrooms. Findings on 05/06/2015 There are not any hand grips adjacent to the toilet in the bathroom for Bedrooom # 3.	C 133		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING	C 147		

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C 147	Continued From page 2 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1-Based on observation, the facility has installed door hardware that is not in accordance with this Rule. This could slow all residents and staff in the event of evacuation. Findings on 05/06/2015 All required exterior exit door have door hardware that is not single-motion.	C 147		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved. This Rule is not met as evidenced by: 1-Based on interview and record review, the facility has not had at least four fire rehearsals. This will effect all residents and staff in the event of an emergency creating an unsafe condition.	C 172		

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C 172	Continued From page 3 Findings on 04/23/2015 The facility has not maintained or provided copies of the required fire rehearsals.	C 172		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the fire/smoke detection system in a safe condition. This will effect all residents and staff during in the event of a fire/smoke emergency. Findings on 04/23/2015 a. The heat detector(s) located in the Basement are not properly secured to mounting surfaces. b. The smoke detector located outside Bedroom #1 is not secured flush to the finish surface. 2-Based on observation, the facility has not maintained the electrical distribution service in a safe manner. This will effect all residents and staff. Findings on 05/06/2015 There is a hole in wall located in Room # 3 that is an open unprotected electrical junction box. 3-Based on observation, the facility has not maintained the exterior finish components. This	C 174		

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C 174	Continued From page 4 could effect all residents and staff during daily operations. Findings on 04/23/2015 The is damaged exterior vinyl siding and corner trims. Also, the screening for the soffit at the rear screen back porch has become unattached from the structure and insects are entering the porch interior spaces. 4-Based on observation, the facility has installed lock hardware that is unsafe. This could endanger any resident if they became locked in the room. Findings on 05/06/2015 Hasp locking hardware has been installed on resident Room # 2.	C 174		